

Ownership and Business Management Form

FACILITY NAME: SAVAGE SISTERS RECOVERY

1. Identify the persons and entities with 5% or greater direct or indirect ownership or controlling interest in the Applicant. (If additional space is needed to add individuals, continue a separate sheet of paper and clearly label). Please be sure that the address listed on the form matches the address on the Applicant's State Identification Card.

NAME: SARAH LAUREL LACERRA

ADDRESS: [REDACTED]

TELEPHONE: [REDACTED]

2. List the name and address of the individual who is responsible for the overall business direction of the Application. (If additional space is needed, continue on a separate sheet of paper and clearly label). (Licensee, Officer, or other Representative)

NAME: SARAH LAUREL LACERRA

ADDRESS: [REDACTED]

***Resume must be submitted.

☒ Resume Submitted

3. List the name and address of the individual who is responsible for the overall management and operation of the Recovery House. (If additional space is needed, continue on a separate sheet of paper and clearly label). (Recovery House Manager)

NAME: ADAM ALASAD

ADDRESS: [REDACTED]

***Resume must be submitted.

☒ Resume Submitted

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4. Have you ever applied to DDAP to open a facility or drug and alcohol recovery house before? If so, what the name listed on the application? (If additional space is needed, continue on a separate sheet of paper and clearly label).

☐ YES (explanation below)

☒ NO

NAME OF FACILITY ON APPLICATION: _____

WHEN YOU APPLIED: _____

OUTCOME: _____

5. Names, addresses, and type(s) or facilities currently or previously owned, managed, or operated by Applicant(s): (If additional space is needed, continue on a separate sheet of paper and clearly label).

APPLICANT NAME: _____

FACILITY NAME: _____

FACILITY ADDRESS: _____

FACILITY TYPE: _____

6. Description of any adverse action taken by any state or federal agency against any of the facilities identified in #5 and any documentation regarding the action taken and its resolution. (If additional space is needed, continue on a separate sheet of paper and clearly label).

☐ YES (explanation below)

☒ NO

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7. Have any of the facilities or individual(s) identified in this document been subject to **CRIMINAL CHARGES**? *(If additional space is needed, continue on a separate sheet of paper and clearly label).*

☐ YES (If yes, provide information below)

☒ NO (If no, skip to #8)

Facility or individual name: _____

Nature of Crime: _____

Date(s): _____

If yes, provide documentation regarding the action taken and its resolution. **(Must attach official court documents)**



8. Have any of the facilities or individual(s) identified in this document been subject to **CIVIL FRAUD CHARGES**? *(If additional space is needed to add individuals, continue on a separate sheet of paper and clearly label).*

☐ YES (If yes, provide information below)

☒ NO (If no, skip to #9)

Facility or individual name: _____

Nature of Crime: _____

Date(s): _____

If yes, provide documentation regarding the action taken and its resolution. **(Must attach official court documents)**



9. Have any of the facilities or individual(s) identified in this document been subject to **MEDICARE AND/OR MEDICAID FRAUD AND/OR ABUSE**? *(If additional space is needed to add individuals, continue on a separate sheet of paper and clearly label).*

☐ YES (If yes, provide information below)

☒ NO (If no, skip to #10)

Facility or individual name: _____

Nature of Crime: _____

Date(s): _____

If yes, provide documentation regarding the action taken and its resolution. **(Must attach official court documents)**



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10. Have any of the facilities or individual(s) identified in this document been ordered to pay a civil monetary penalty? *(If additional space is needed to add individuals, continue on a separate sheet of paper and clearly label).*

☐ YES (If yes, provide information below)

☒ NO

Facility or individual name: _____

Nature of Crime: _____

Date(s): _____

If yes, provide documentation regarding the action taken and its resolution. **(Must attach official court documents)**



11. Is there any ongoing fraud and abuse investigations involving any facility or individual(s) previously identified in this document? *(If additional space is needed, continue on a separate sheet of paper and clearly label).*

☐ YES (If yes, provide information below)

☒ NO

Facility or individual name: _____

Nature of Crime: _____

Date(s): _____

If yes, provide documentation regarding the action taken and its resolution. **(Must attach official court documents)**



SARAH LABEL LACERRA
APPLICANT PRINT NAME

[Signature]
APPLICANT SIGNATURE (no electronic signature)

7.28.22
DATE (no electronic date)

Sarah Laurel LaCerra

SUMMARY

Highly motivated professional seeking to increase resources for the community through my years of experience in harm reduction, street based outreach and substance use disorder

SKILLS

- Operations management
- Lived Experience
- Street level outreach worker
- Harm reductionist
- Overdose Reversal/Prevention Trainer

EXPERIENCE

Executive Director/Founder, Savage Sisters Recovery Inc, November 2017-Present

Created Savage Sisters housing program and manage multi-property structured sober living facilities

Organize & execute street based harm reduction outreaches weekly

Created & successfully deliver harm reduction/overdose reversal/prevention trainings statewide

Collaborate locally to increase resources for the community with grassroots org, government entities, police & small businesses.

Advocate local and state level for all those living with or affected by substance use disorder

Director of Sales , Marriott International, September 2006-January 2012

Philadelphia, PA

Responsible for multi-property sales office proactive & reactive efforts handling 2.4million in revenue per year

Created and implemented sales strategy for new business, local and bi-coastal efforts

Tele-prospecting, email correspondence, office management

Sales expert through gathering intel on companies locally, comp-set date compiling

Attend & deliver quarterly sales training to increase knowledge and techniques

- Increased sales by 109% YOY through aggressive sales techniques, strong corporate rapport building and proactive cold calling efforts

EDUCATION AND TRAINING

Radnor High School , Radnor

Harvard E-Learning Hospitality Management

CERTIFICATIONS

PA Realtor License

ServSafe/TIPS Certified

Government Sales Certified

Adam F. Al-Asad

Education

La Salle University, Philadelphia, PA

Bachelor of Science in Business Administration

Double Major: Management/Leaderships & Marketing

Awards: Founders Scholarship, Dual Admit Achievement Scholar Fall 2019,

Dean's list Fall 2019, Spring 2020, & Fall 2020 for Academic achievements

Outstanding Management and Leadership Graduate for the Class of 2021

Member of the National Society of Leadership and Success

Member of The International Business Honor Society, BGS

Graduated: Spring May 2021

Community College of Philadelphia: School of Business & Technology

Associates in Arts

Major: Business Administration

Graduated with Semester Honors - Spring 2017 - Spring 2018 - Summer 2019

Experience

Savage Sisters Recovery Inc: April 2021 - Current

Director of Operations

- Patiently and compassionately manage four staff and independent contractors
- Vigorous fundraising via grant writing, cold calling, and event planning
- Communication with Treasurer of the Board ensuring effective management of Financial Statements, Tax submissions, and Compliance Regulations
- Creation of Internship positions, hiring interns, and managing interns
- Actively manage social media, content creation, interactions
- Compassionately provide support to SIR Housing Program Management team
- Efficiently maintain and analyze program data

Enterprise RentACar : January 2021 - September 2021

Management Trainee Intern

- Communicated as a member of a team
- Participated and thrived in healthy competitive environment
- Developed sales skills and word paths
- Awarded #2 Matrix performance in the month of February

Savage Sisters Recovery Inc: June 2020 - April 2021

Treasurer

- Managed the process of funding & obtaining 501(C)(3) status
- Maintained recovery homes stock and inventory of drug tests, food
- Sourced in kind and monetary donations to support housing and outreach programs
- Initiated creation of and leads volunteer clean up team during monthly Outreach events
- Maintain financial records such as balance sheets, income statements, tax returns, etc
- Attend and communicate in all board meetings

PCG Public Partnerships : March 2015 - August 2019

Direct Care Worker

- Managed, organized, & assisted in hiring new employees for participant
- Met all physical, medical, and emotional needs of patients with compassion